

MULTIPLE DENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____ FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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49						
50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	1	2	3	4	5	6

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	1	2	3	4	5	6